

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number: 40171	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number <b>008037572 FLE</b>
5. Generator's Name and Mailing Address: 2545 North New York Street Wichita, KS 67219 (316) 269-7400			Generator's Site Address (if different than mailing address): SAME		
6. Transporter 1 Company Name: U.S. Bulk Transportation, Inc.			U.S. EPA ID Number: PA0787347515		
7. Transporter 2 Company Name:			U.S. EPA ID Number:		
8. Designated Facility Name and Site Address: Dean Farm, Dean Mountain LLC 40355 S County Road 230 Wichita, KS 67220 (620) 697-9600			U.S. EPA ID Number: CR0065438376		
9a. HM			9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers
					No. Type
1. X			HAZARDOUS WASTE, SOLID, N.O.S., (POULTRY), D. PO III		
2.					
3.					
4.					
11. Total Quantity					
12. Unit Wt./Vol.					
13. Waste Codes					
14. Special Handling Instructions and Additional Information: 2-5-15 TR# 125 TL# 125A					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Offor's Printed/Typed Name Jim Tyson			Signature Jim Tyson		Month Day Year 02 05 15
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:					
17. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name JACK ORNDORFF			Signature Jack Orndorff		Month Day Year 02 05 15
Transporter 2 Printed/Typed Name			Signature		Month Day Year
18. Discrepancy					
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
Manifest Reference Number:					
18b. Alternate Facility (or Generator)			U.S. EPA ID Number		
Facility's Phone:					
18c. Signature of Alternate Facility (or Generator)			Signature		Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H1122		2.		3.	
4.		5.		6.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a					
Printed/Typed Name			Signature		Month Day Year

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<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>46846</b>	2. Page 1 of	3. Emergency Response Phone <b>1-800-424-6343</b>	4. Manifest Tracking Number <b>008037572 FLE</b>		
5. Generator's Name and Mailing Address <b>Green Harbor LLC 2549 North New York Street Wichita, KS 67219 (316) 269-7400</b>		Generator's Site Address (if different than mailing address) <b>SAME</b>					
6. Transporter 1 Company Name <b>U.S. Bulk Transportation, Inc.</b>		U.S. EPA ID Number <b>PA0987347515</b>					
7. Transporter 2 Company Name		U.S. EPA ID Number					
8. Designated Facility Name and Site Address <b>Wichita Air Terminal 40355 S County Road 236 Wichita, KS 67226 (316) 697-3600</b>		U.S. EPA ID Number <b>OKD065438376</b>					
9a. HM		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
				No.	Type		
GENERATOR	1.	HAZARDOUS WASTE, SOLID, N.O.S., (PG I, PG II, PG III)					
	2.						
	3.						
	4.						
13. Waste Codes							
14. Special Handling Instructions and Additional Information <b>TR# 125 2-5-15 TL# 125A</b>							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offor's Printed/Typed Name <b>Jim Tyson</b>				Signature <b>Jim Tyson</b>		Month Day Year <b>02 05 15</b>	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name <b>JACK ORNDORFF</b>				Signature <b>Jack Orndorff</b>		Month Day Year <b>02 05 15</b>	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number: _____							
18b. Alternate Facility (or Generator) U.S. EPA ID Number							
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. <b>H132</b>		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name <b>Laurel Rous</b>				Signature <b>Laurel Rous</b>		Month Day Year <b>02 05 15</b>	